

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13		2				
14		2				
15		1				
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50						
TOTAL IND.	5					
TOTAL DEP.	31					
TOTAL CLAIMS	36					

	IND	DEP	IND	DEP	IND	DEP
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